

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

E-filing

PEOPLE OF THE STATE OF CALIFORNIA ex
rel. EDMUND G. BROWN JR., ATTORNEY
GENERAL OF THE STATE OF CALIFORNIA

SUMMONS IN A CIVIL CASE

CASE NUMBER:

v.

UNITED STATES ENVIRONMENTAL
PROTECTION AGENCY

C08-00735^{ADR}
SC

TO: (Name and address of defendant)

United States Environmental Protection Agency
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Laura J. Zuckerman
Sandra Goldberg
State of California Department of Justice
Office of the Attorney General
1515 Clay Street, 20th Floor
Oakland, CA 94612

an answer to the complaint which is herewith served upon you, within 30* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

*per 5 U.S.C. section 552(a)(4)(C)

Richard W. Wieking

CLERK


(BY) DEPUTY CLERK

DATE JAN 31 2008

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

DATE

Service of the Summons and Complaint was made by me ¹

2/01/08

Name of SERVER

RYAN MALLARD

TITLE

Legal Secretary

Check one box below to indicate appropriate method of service

Served Personally upon the Defendant. Place where served:



Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:



Returned unexecuted:



Other (specify):

*Certified Mail w/ Return Receipt***STATEMENT OF SERVICE FEES**

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

2/1/08
 Date


 Signature of Server

 1515 Clay St., 20F11
 Oakland, CA 94612

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

1 EDMUND G. BROWN JR.
Attorney General of the State of California
2 JAMES HUMES
Chief Deputy Attorney General
3 JANET GAARD
Chief Assistant Attorney General
4 THEODORA BERGER
Senior Assistant Attorney General
5 SANDRA GOLDBERG
Deputy Attorney General
6 State Bar No. 138632
LAURA ZUCKERMAN
7 Deputy Attorney General
State Bar No. 161896
8 1515 Clay Street, 20th Floor
Oakland, CA 94612
9 Telephone: (510) 622-2174
Fax: (510) 622-2270
10 laura.zuckerman@doj.ca.gov
11 Attorneys for People of the State of California *ex rel.*
Edmund G. Brown Jr., Attorney General of the State
12 of California

13
14 IN THE UNITED STATES DISTRICT COURT
15 FOR THE NORTHERN DISTRICT OF CALIFORNIA
16 SAN FRANCISCO / OAKLAND DIVISION
17

18 **PEOPLE OF THE STATE OF CALIFORNIA**
ex rel. EDMUND G. BROWN JR.,
19 **ATTORNEY GENERAL OF THE STATE OF**
CALIFORNIA,

20
21 Plaintiff,

22 v.

23 **ENVIRONMENTAL PROTECTION**
AGENCY,

24 Defendant.
25
26
27
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Case No.: C08-00735 SC

**DECLARATION OF SERVICE BY
CERTIFIED MAIL**

DECLARATION OF SERVICE BY CERTIFIED MAIL

Case Name: *People of the State of California v. Environmental Protection Agency*
Case No.: C08-00735 SC

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service that same day in the ordinary course of business.

On February 1, 2008, I served the following documents:

SUMMONS

COMPLAINT FOR INJUNCTIVE RELIEF UNDER THE FREEDOM OF INFORMATION ACT

STANDING ORDER FOR ALL JUDGES OF THE NORTHERN DISTRICT OF CALIFORNIA: CONTENTS OF JOINT CASE MANAGEMENT STATEMENT

CIVIL STANDING ORDERS, JUDGE SAMUEL CONTI

U.S. DISTRICT COURT - NORTHERN CALIFORNIA: ECF REGISTRATION INFORMATION HANDOUT

USDC: NOTICE OF AVAILABILITY OF MAGISTRATE JUDGE TO EXERCISE JURISDICTION

ORDER SETTING INITIAL CASE MANAGEMENT CONFERENCE AND ADR DEADLINES

ADR: DISPUTE RESOLUTION PROCEDURES IN THE NORTHERN DISTRICT OF CALIFORNIA

by placing a true copy thereof enclosed in a sealed envelope as certified mail with postage thereon fully prepaid and return receipt requested, in the internal mail collection system at the Office of the Attorney General at P.O. Box 70550, Oakland, CA 94612-0550, addressed as follows:

U.S. Environmental Protection Agency
Office of General Counsel
1200 Pennsylvania Avenue, N.W. (2310A)
Washington, DC 20460

United States Attorney's Office
Civil Processing Clerk
450 Golden Gate Avenue, 11th Floor
San Francisco, CA 94102

1 Attorney General Michael B. Mukasey
2 U.S. Department of Justice
3 950 Pennsylvania Avenue, NW
4 Washington, D.C. 20530-0001

5 I declare under penalty of perjury under the law of the State of California the foregoing is true
6 and correct and that this declaration was executed on February 1, 2008, at Oakland, California.

7 RYAN MALLARD

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25
26
27
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Declarant

Signature

90079126.wpd

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) <u>ANITA</u> B. Date of Delivery <u>01/14/08</u>	
1. Article Addressed to: United States Attorney's Office Civil Processing Clerk 450 Golden Gate Avenue, 11 th Floor San Francisco, CA 94102		C. Signature <u>ANITA</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label) <u>7000 0520 0024 6378 8547</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, July 1999		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Domestic Return Receipt

102595-00-M-0952

EPA

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
7000 0520 0024 6378 8547	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Recipient's Name (Please Print Clearly) (To be completed by mailer) <u>U.S. Attorneys Office</u> <u>450 Golden Gate Ave. 11th Fl.</u> City, State, ZIP+4 <u>San Francisco, CA 94102</u>	
PS Form 3800, February 2000 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attorney General Michael B. Mukasey
U.S. Department of Justice
950 Pennsylvania Ave., NW
Washington, D.C. 20530-0001

2. Article Number (Copy from service label)

7000 0520 0024 6378 8530

PS Form 3811, July 1999

Domestic Return Receipt

EPA

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Michael B. Mukasey

X

FEB 06 2008

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0024 6378 8530

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Attorney General M.B. Mukasey

Street, Apt. No., or PO Box No.

U.S. Dept Justice 950 Pennsylvania Ave

City, State, ZIP+4

Washington DC 20530-0001

PS Form 3800, February 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2/6/08</u>	
1. Article Addressed to: U.S. EPA Office of General Counsel 1200 Pennsylvania Ave., NW (2310A) Washington, D.C. 20460		C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label) <u>7000 0520 0024 6378 8523</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

EPA

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7000 0520 0024 6378 8523

Recipient's Name (Please Print Clearly) (To be completed by mailer)
U.S. E.P.A. - Office of Gen. Counsel
Street, Apt. No., or PO Box No.
1200 Pennsylvania Ave. NW
City, State, ZIP+4
Washington DC 20460

PS Form 3800, February 2000 See Reverse for Instructions